

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		15	12501
FORMALITY REVIEW	A.S	943	2-16-1
RESPONSE FORMALITY REVIEW	M.H.	625	03-19-01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	1	02	
23	2	03	
16	4	04	
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Claim	Final	Original	Date
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100	100	51	

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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